

DO/EO BIBLIOGRAPHIC DATA ENTRY

PRIORITY DATE- DATE MUST BE ZERO

SERIAL NUMBER:	09 / 508019	RECEIPT DATE:	03 / 06 / 00
IA NUMBER:	PCT/ DE98 / 00740	IA FILING DATE:	03 / 13 / 98
FAMILY NAME:	STROHMEIER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	WOLFGANG	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 23 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	10191/1239	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000
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APPLICATION TITLES:

CAR RADIO HAVING A HANDSET

TAB TO LAST POSITION,PUSH SEND

UNITED STATES DEPARTMENT OF COMMERCE
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Bib Data Sheet

SERIAL NUMBER 09/508,019	FILING DATE 03/06/2000	CLASS 455	GROUP ART UNIT 2744	ATTORNEY DOCKET NO. 10191/1239
APPLICANTS WOLFGANG STROHMEIER, HILDESHEIM, GERMANY;				
** CONTINUING DATA ** THIS APPLICATION IS A 371 OF PCT/DE98/00740 03/13/1998 ***** ** FOREIGN APPLICATIONS ** GERMANY 197 41 854.6 09/23/1997 ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 04/24/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and <input checked="" type="checkbox"/> met Acknowledged <input checked="" type="checkbox"/> met Examiner's Signature <i>Thomas</i> Initials <i>mm</i>				
STATE OR COUNTRY GERMANY				
SHEETS 4				
TOTAL CLAIMS 1				
INDEPENDENT CLAIMS 1				
ADDRESS KENYON & KENYON ONE BROADWAY NEW YORK, NY 10004 <i>Cost # 26640</i>				
TITLE CAR RADIO INCLUDING A HAND DEVICE				
FILING FEE 840 RECEIVED				
FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit				